



PATENT

#7/B (ne)
86
8-20-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: S.A. Iliff, et al.

Serial No.: 09/928,679

Case No.: 20869

Filed: August 13, 2001

For: SAFETY SHIELD

Art Unit:
3764

Examiner:
M. A. Brown

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

AMENDMENT

Sir:

Responsive to the Office Action mailed June 2, 2003 for the above captioned application, kindly consider the following:

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AUG 12 2003

TECHNOLOGY CENTER R3700

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450, ON THE DATE APPEARING BELOW.

MERCK & CO., INC

MAILED BY: Barbara Muller DATE: 8-12-03



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT
CASE NO. 20869

3764

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: S.A. ILIFF, ET AL.

Serial No. 09/928,679

Filed August 13, 2001

Group Art Unit 3764

Examiner M.A. Brown

For: SAFETY SHIELD

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AUG 18 2003

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

☐ The fee has been calculated as shown below.

TECHNOLOGY CENTER R3700

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>17</u>	-	** <u>20</u> =	<u>0</u> X	\$18	= <u>0.00</u>
Independent Claims	* <u>3</u>	-	*** <u>3</u> =	<u>0</u> X	\$84	= <u>0.00</u>
Multiple Dependent Claims					\$280 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

Merck & Co., Inc.

By: Barbara Muller Date: 8-12-03

IN DUPLICATE

By: James M. Hunter, Jr.

Attorney for Applicant(s)

Reg. No. 31,922

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Date: August 12, 2003